VOUCHER INSTRUCTIONS

ESTIMATES VOUCHER:

- 1. Every corporation shall file a declaration of its estimated tax for the taxable year if its estimated tax on any basis (income or franchise) for such taxable year can reasonably be expected to exceed \$500.00. The entire amount of such estimated tax shall constitute the amount of advance required to be paid. The due dates and the amounts of the installments are as follows: The 15th day of the third month of the taxable year (40%) and the 15th day of the 6th month of the taxable year (60%)
- 2. There is required an addition to the tax of 12% per annum for underpayments and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.
- 3. To ensure proper processing, calendar year or fiscal year end must be entered on forms.

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Officer or Agent

AMOUNT ON LINE 4 IS DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE THIRD MONTH OF THE TAXABLE YEAR

NOTE:

The exception to avoid interest and penalty for underestimated tax payments based on 100% of last year's tax is no longer available. However, the exception based upon last year's income using the current year rate is still in existence. Accordingly, when there is not an increase in the tax rate from one year to the next, no interest and penalty will occur for underestimated tax payments if pre-payments are made equal to the prior year's tax. STATE OF RHODE ISLAND SECOND ESTIMATE DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811 **TEMPORARY** Use in lieu of preprinted coupon booklet IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED NAME For Calendar Year And Ending Or Taxable Year Beginning ADDRESS 1120ES 1. TOTAL ESTIMATED TAX CITY STATE TAXPAYER IDENTIFICATION # TO AMEND ESTIMATE CREDITED TO DATE USE FORM ON REVERSE LINE 1 LESS LINE 2: AND CHECK HERE MOUNT DUE THIS I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete. **PAYMENT ENCLOSED** Signature of Officer or Agent DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE SIXTH MONTH OF THE TAXABLE YEAR STATE OF RHODE ISLAND **FIRST ESTIMATE** DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811 **TEMPORARY** Use in lieu of preprinted coupon booklet IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED NAME For Calendar Year Or Taxable Year Beginning And Ending ADDRESS 1120ES 1. ESTIMATED TAX FOR CITY STATE 2, 40% OF LINE 1 TAXPAYER IDENTIFICATION # 3. LESS AMOUNT FROM PRIOR YEAR CREDITED TO

> I. PAYMENT DUE WITH THIS RETURN

AMENDED DECLARATION OF CORPORATION ESTIMATED TAX

	11120 ES-2	Or Tauchla Vans Basinsi	And	Ending ENTERED
(Amended)	For Calendar Year	Or Taxable Year Beginnin	ng And	Ending
		ORIGINAL ESTIMATE	AMENDED ESTIMATE	
	1. Total Estimated Corporation Tax for current year			
	Enter 80% of Estimated Tax (Line 1) (Line 2 to be used for 6 month period only.)	A Particular and the second se		
	3. Payment made on account of prior declarations for this ye	ear		
	UNPAID BALANCE of Estimated Installment Tax, due to be paid with this declaration (Insert on front side)			
	I declare, under the penalties of perjury, that this document it examined by me and, to the best of my knowledge and belie correct, and complete.			
	SIGNATURE OF OFFICER OR AGENT	4		
	TITLE OF OFFICER DATE			

AMENDED DECLARATION OF CORPORATION ESTIMATED TAX

FORM RI-1 (Amended)	120 ES-1 For Calendar Year	Or Taxable Year Beginning	a And	TAX YEAR <u>MUST</u> BE Ending ENTERED		
(michael)	Tot Galerida Teal					
		ORIGINAL ESTIMATE	AMENDED ESTIMATE			
	Total Estimated Corporation Tax for current year					
		•				
	2. Payment made on account of prior declarations for this year					
	·	•				
	4. UNPAID BALANCE of Estimated Installment Tax, du	e to				
	be paid with this declaration (Insert on front side)					
	I declare, under the penalties of perjury, that this document has been					
	examined by me and, to the best of my knowledge and belief, is true,					
	correct, and complete.					
	SIGNATURE OF OFFICER OR AGENT					
	TITLE OF OFFICER DATE					
1						